



State of Washington
Business Licensing Service
PO Box 9034
Olympia WA 98507-9034
1-800-451-7985
BLS@dor.wa.gov
Fax: (360) 705-6699

Business Information Change Form

This form can be used for simple changes for your business account. The Business Licensing Service will contact you if additional forms or fees are required.

A Account information currently on file

Name of an owner, partner, officer, or LLC manager/member *Last, first, middle*

Business Name/Trade Name

Current UBI number **Required**

B Information to be changed

Use this form only for the following changes.

☐ Cancel the following trade name(s): _____

This will **not** cancel a corporation name. To cancel a corporation name visit www.sos.wa.gov

To add a trade name, use the Business License Application at business.wa.gov/BLS

☐ Change mailing address to: _____

Include street address of the mailing/payroll address city, state and zip. Cannot be used to change a Corp. Registered Agent address.

☐ Change location address to: _____

Please include street address, city, state and zip. Cannot use a PO Box or PMB as a physical/location address.

Old location address: _____

☐ Change phone number to: (_____) _____

☐ Change email address to: _____

☐ Change owner's legal name to: _____

To change ownership structure, e.g., sole owner to corporation, or to assume an existing business, visit business.wa.gov/BLS

Owner's prior name: _____

☐ Add or ☐ Remove spouse name: _____

Effective date: _____ Reason for adding or removing name: _____

Close account at: (To close a corporate account with Secretary of State - visit www.sos.wa.gov)

☐ Dept. of Revenue

☐ Employment Security

☐ Labor & Industries

☐ UBI

Date business closed: _____ Date last wages paid: _____

Reason for account closure: _____

Other information: _____

Signature of owner/officer

Email address

Date signed

Phone number

X